

PLUMBING PERMIT APPLICATION  
Clarke County Building Department  
101 Chalmers Ct., B  
Berryville, VA 22611  
(540) 955-5112 Fax: (540) 955-5170

Check One: ☐ Residential ☐ Commercial ☐ Government

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_  
(For Office Use Only)

OWNER'S NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*CONTRACTOR'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Virginia State Contractor's License Number: \_\_\_\_\_

License Expires: \_\_\_\_\_

\*\*Please attach a copy of your state contractor's license. Any job over \$25,000 will also require a Clarke County Business License unless you are building in the Town of Berryville or the Town of Boyce. You would then need that town's business license. All businesses in Clarke County are required to have a Clarke County Business License regardless of the job value.

LOCATION OF PROPERTY:

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Tax Map ID #: \_\_\_\_\_

Directions to the job site: \_\_\_\_\_

I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code and all other applicable state and local laws.

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

☐ Contractor ☐ Owner ☐ Agent ☐ Engineer/Architect

\*Agents, please note that a signed authorization from the owner or contractor must be attached.

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE LIST OF EQUIPMENT/FIXTURES YOU ARE INSTALLING:

Fixtures/Equipment:

Quantity:

Bar Sink	_____
Bathtub	_____
Bathtub/Shower Combo	_____
Dishwasher	_____
Disposal	_____
Drinking Fountain	_____
Floor Drain	_____
Hose Bibb/Outside Wall Faucet	_____
Humidifier	_____
Ice Maker	_____
Kitchen Sink	_____
Laundry Sink	_____
Lavatory (Bathroom Sink)	_____
Mop Sink	_____
Service Sink	_____
Sewer Line	_____
Shower	_____
Sump Pump	_____
Washing Machine	_____
Water Closet (Toilet)	_____
Water Line/Well Line	_____
Water Heater	_____
Whirlpool Tub	_____
Other_____	_____
Other_____	_____
Other_____	_____
Other_____	_____
Other_____	_____

FOR OFFICE USE ONLY:

TAX MAP #: \_\_\_\_\_

MAGISTERIAL DISTRICT: \_\_\_\_\_

ACREAGE: \_\_\_\_\_

USE GROUP: \_\_\_\_\_

BUILDING CODE EDITION: \_\_\_\_\_